

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -2 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005668

1. Limited Liability Company's Name

DERMAWORLD, L.L.C.

300026608993  
02/13/04--01008--034 \*\*150.00

2. Principal Office Address

3. Mailing Office Address

1100 ST. LUCIE WEST BLVD 1100 ST. LUCIE WEST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

#105

City & State

City & State

Port St. Lucie

Port St. Lucie

Zip

Country

Zip

Country

34986

USA

34986

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/9/99

6. FEI Number

95-0957732

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

TIM IOANNIDES

300026608993

Street Address (P.O. Box Number is Not Acceptable)

1100 ST LUCIE WEST BLVD

01/09/04--01062--002 \*\*100.00

Suite, Apt. #, Etc.

#105

City

Port St Lucie

State

FL

Zip Code

34986

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

[Signature]

Date

1/6/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
[Signature]	TIM IOANNIDES	1100 ST LUCIE WEST BLVD #105	PSL, FL 34986
[Signature]	Eugen Rivera	1100 St Lucie West Blvd #105	PSL FL 34986

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

[Signature]

Date

1/6/04

Daytime Phone #

772 878 3376

Typed or printed name of signing Managing Member/Manager